



U.S. Agency for  
International  
Development

Bureau for  
Global Health

# COUNTRY PROFILE

HIV/AIDS

## JAMAICA

Jamaica has experienced an overall steady increase in the prevalence of HIV infection since 1990. By the end of 2003, some 22,000 people were estimated to be infected with HIV, and approximately 3,700 had died from AIDS. Pediatric AIDS accounts for 8 percent of the total, with AIDS being the second leading cause of death in children aged 1–4 years and the leading cause of death in

women aged 20–29 years. Overall, the ratio of men to women infected is 1.6:1, though in the 14–29 age group women outnumber men and in the 30–39 age group men and women are equally affected. Among those aged 40–49, more men than women are affected. Jamaica's overall HIV/AIDS prevalence of at least 1.2 percent is relatively low compared with that of other countries in Latin America and the Caribbean. There is a concentrated epidemic in commercial sex workers, men who have sex with men, and those with an existing sexually transmitted infection. Sixty percent of reported new HIV infections are transmitted through heterosexual intercourse, but HIV infection and AIDS cases are considerably underreported, and for this reason the magnitude of the epidemic is not known with any precision. The individuals most at risk of HIV infection are vulnerable populations with risky behaviors, and children under 5 as a result of mother-to-child transmission. Although young Jamaicans have high rates of early and unplanned pregnancy, and sexually transmitted infections, those at greatest risk of HIV infection are male youth who have sex with men, and all youth who engage in transactional sex.

Jamaica has a well-established health care system with well-developed primary community health services and has made great strides in improving the health of its people. Nevertheless, HIV and AIDS are placing significant stresses on the system. For example, most Jamaicans with HIV infection do not seek medical care until they develop symptoms of AIDS, thus limiting the benefits they can receive from early treatment for tuberculosis and other opportunistic infections.

Estimated Number of Adults and Children Living with HIV/AIDS (end of 2003)	22,000
Total Population (2004)	2,676,000
Adult HIV Prevalence (end of 2003)	1.2%
HIV-1 Seroprevalence in Urban Areas	
Population most at risk (i.e., sex workers and clients, patients seeking treatment for sexually transmitted infections, or others with known risk factors)	2.5%
Population least at risk (i.e., pregnant women, blood donors, or others with no known risk factors)	1%

Sources: UNAIDS, U.S. Census Bureau



Map of Jamaica: PCL Map Collection, University of Texas

## NATIONAL RESPONSE

The Government of Jamaica established the National HIV/Sexually Transmitted Infection (STI) Control Programme in the late 1980s. The National AIDS Committee was founded in 1988 to advise the government on policy and to mobilize various sectors of society in the fight against HIV/AIDS. Parish AIDS Committees have been formed in all 14

1300 Pennsylvania  
Avenue NW  
Washington, DC  
20523-3600

[www.usaid.gov](http://www.usaid.gov)

parishes to spearhead the community response. A Country Coordinating Mechanism for HIV/AIDS Response with broad government and civil society membership prepares proposals for funding by the Global Fund to Fight AIDS, Tuberculosis and Malaria. However, the response remains overwhelmingly led by those within the health sector, lacks wider high-level political and civil society leadership, and requires greater involvement and more resources at all levels.

The National AIDS Programme has designed and implemented four short- and medium-term plans from 1988 through 2001, and is now implementing the 2002–2006 National HIV/AIDS/STI Strategic Plan funded by a loan from the World Bank. The program has five primary goals:

- To build an effective multisectoral response to the HIV/AIDS epidemic
- To mitigate the socioeconomic and health effects of HIV/AIDS in Jamaican society
- To decrease individual vulnerability to HIV infection
- To reduce the transmission of HIV infection
- To improve care, support, and treatment services for persons living with HIV/AIDS

The national program notes these achievements as a result of its work in the past two to three years:

- Most Jamaicans are aware of HIV/AIDS.
- More Jamaicans use condoms than ever before.
- Rates of syphilis, congenital syphilis, and other sexually transmitted infections are declining.
- Jamaica's blood supply is safe.
- The spread of HIV may have slowed (but official statistics have not yet been published to support this statement).

But Jamaica still faces major challenges in controlling the spread of HIV and associated infections. While the overall rate of reported new HIV infections declined in 2003, parishes such as St. Catherine and St. Ann showed a very rapid increase in new infections over the previous year. Controlling new tuberculosis infections is also a challenge; one of every five persons with tuberculosis has HIV coinfection.

## **USAID SUPPORT**

U.S. assistance to Jamaica for HIV/AIDS and reproductive health activities is managed almost exclusively by the U.S. Agency for International Development (USAID). In 2004, USAID obligated approximately \$3.1 million to support HIV/AIDS and reproductive health services. This was a slight increase over the 2003 figure of \$3.0 million. Funds for these activities are not expected to be obligated in 2005.

Efforts to improve reproductive health now focus on Jamaica's high-risk adolescent population, primarily by promoting wider and better access to youth-friendly reproductive health services; developing and disseminating educational materials and innovative approaches to encourage changes in high-risk behaviors; improving the clinical and interpersonal skills of health workers; and strengthening reproductive health policies.

The Ministry of Health is the primary recipient of USAID assistance. Funds are channeled through USAID partners Family Health International, The Futures Group International, and JHPIEGO. In addition, Peace Corps Volunteers work with nongovernmental organizations in the areas of HIV/AIDS education, prevention and support, as well as youth and community development.

## **Prevention**

Adoption of healthy behaviors is key to preventing HIV transmission. Jamaican adolescents are generally well aware of healthy reproductive health behaviors and the risks of sexually transmitted infections, yet a wide gap remains between knowledge and healthy behavior. Behavior change remains a challenge. USAID is continuing a mass media campaign aimed at adolescents to promote the benefits of preventing unwanted pregnancies and avoiding sexually transmitted infections. Public relations and advocacy activities are being carried out in partnership with the Ministry of Health through seminars, radio interviews, press releases, information booths, and other presentations.

USAID continues to work with the Ministry of Health to expand condom availability through traditional and nontraditional outlets. These efforts are geared toward changing the negative perception of condom use, particularly by young people.

Parish health officials continue to receive USAID funding and technical assistance via the Ministry of Health to ensure that reports of individuals with new HIV infections are properly channeled through the health surveillance system, and to ensure that confidentiality remains a top priority for all health officials who provide HIV/AIDS services.

USAID continues to fund HIV counseling and testing services with the goal of increasing the number of people who voluntarily seek HIV counseling and testing to learn their HIV status. USAID funds also support evaluation of the national program for prevention of mother-to-child transmission to identify how best to expand testing services to all pregnant women. A decrease in the number of reported infants and children with AIDS may indicate the increasing effectiveness of services to prevent mother-to-child transmission; in 2002, Jamaica reported 45 pediatric deaths from AIDS, and in 2003, 29.

### ***Strategic Information***

USAID partners are synthesizing and analyzing data from the 2003 Knowledge, Attitudes, Practices, and Behavioral Study in an attempt to glean more reliable, user-friendly data to help the Ministry of Health better understand the health challenges confronting Jamaican youth. USAID is also sponsoring use of the Priorities for Local AIDS Control Efforts—or PLACE—methodology to map risk behaviors in geographic areas with high rates of HIV transmission so that interventions can be better focused to combat the spread of the disease.

The Ministry of Health continues to receive policy and planning assistance from USAID to implement its 2001–2006 strategy to control HIV/AIDS and to decrease associated sexually transmitted infections. The strategy expands the role that nongovernmental organizations play in promoting reproductive health services and healthy behaviors, particularly among young people. USAID is also implementing strategic planning exercises to take place at the parish level to help the Ministry of Health make informed decisions on how best to use scarce monetary resources to meet the reproductive health needs of Jamaica's adolescents.

Family Health International continues to use USAID funds to work with local organizations to improve their abilities to oversee their financial and management obligations associated with HIV/AIDS programs.

### ***Treatment***

Jamaica signed a grant agreement in May 2004 with the Global Fund to Fight AIDS, Tuberculosis and Malaria to scale up HIV/AIDS treatment, prevention, and policy efforts. The Global Fund has thus far approved more than \$7.5 million for the effort, and by the end of 2004, more than \$2 million of the grant had been disbursed. A large portion of the money will be used to supply antiretroviral drugs to the estimated 22,000 Jamaicans people living with HIV/AIDS. This investment is expected to result in individuals with HIV infection living longer and healthier lives, which in turn, will underpin the stability of the lives of their children and family members.

### ***Care and Support***

USAID continues to support the work of two youth-friendly clinics that promote HIV prevention; one is linked with a school and the other is associated with a wellness center. The clinics offer peer discussion groups, one-to-one counseling, family-planning information, condoms, and contraceptive services. Methodological research, community involvement, and staff training were all completed before the clinics opened. Approximately 100 people work as master trainers, and they, in turn, lead training sessions for others. The master trainers include service providers, parents, religious and peer leaders.

## IMPORTANT LINKS AND CONTACTS

### **USAID/Jamaica**

2 Haining Road  
Kingston 5  
Jamaica, West Indies  
Tel: 876-926-3645  
Fax: 876-929-9944

USAID/Jamaica website: <http://www.usaid.gov/jm>

USAID HIV/AIDS website for Jamaica: [http://www.usaid.gov/our\\_work/global\\_health/aids/Countries/lac/jamaica.html](http://www.usaid.gov/our_work/global_health/aids/Countries/lac/jamaica.html)

### **National HIV/STD Prevention and Control Programme**

Ministry of Health, Health Promotion and Protection Division  
2 King Street, Oceana Building, 4th Floor  
Kingston, Jamaica  
Tel: 876-967-1100

Ministry of Health website: <http://www.moh.gov.jm>

National AIDS Committee website: <http://www.nacjamaica.com>

National HIV/Sexually Transmitted Infection Control Programme website: <http://www.jamaica-nap.org>

*Prepared for USAID by Social & Scientific Systems, Inc., under The Synergy Project*

*For more information,  
see [http://www.usaid.gov/our\\_work/global\\_health/aids](http://www.usaid.gov/our_work/global_health/aids) or <http://www.synergyaids.com>.*

**October 2004**

